1403-128-5006

FEC FORM 3

> Use Only

FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2014 AUS 2014 AH 11: 35

FEC FORM 3 (Revised 02/2003)

						Onice Use Only	141111	<u> </u>
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typinger the lines.	ı, type	12FE4M	EEMAYL	CENTI	ER
WAMES E BR	YAN FOI	RI GONGI	RIEISISI	· 	· 			لب
	 - - - - - -							لـــا
ADDRESS (number and street)	181312111	SiTioiKiEisi	1R1D1 1				<u></u>	لـــا
Check if different than previously reported. (ACC)	LIAIN RIEI	L, , , , , , , , , , , , , , , , , , ,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	<u> </u>	3,2,5,6,7]	-20	ــــا رەر4)
2. FEC IDENTIFICATION	NUMBER ▼	CITY A	·	s	TATE	ZIP C		
C \$\phi_\text{\delta}_\d	~¢.1]	3. IS THIS REPORT	NEW (N)	OR _	AMENI (A)	1	TE ♥ DI	STRICT
4. TYPE OF REPORT (0 (a) Quarterly Reports: April 15 Quarterly	/ Report (Q1)	(b) 12-Day PRE	Election Report Primary (12P) Convention (1		General (,	Runoff	(12R)
July 15 Quarterly October 15 Quar		Election on	(8 g	2.2 '[Ž.ď.Ľ.š	in the Stat	- 1	EΔ
January 31 Year-	End Report (YE)	(c) 30-Day POS	T-Election Rep	ort for the:				
			General (30G)		Runoff (3	0R)	Specia	il (30S)
Termination Repo	ort (TER)	Election on	M M /	D D /	<u> </u>	in the State		
5. Covering Period	(6) (3.4)	<u>iği'</u> 4	through	M M	' [] 4	Ĭ,Ą,, I		
I certify that I have examined Type or Print Name of Treasu	\	\sim	owledge and b	pelief it is tru	e, correct an	nd complete.		
Signature of Treasurer	Jamo 2	E. Brya	cm_		ate 8	7 7 7 1	žě	<u>7.4</u>
NOTE: Submission of false, em	oneous, or incomplete	e information may	subject the per	son signing th	is Report to	the penalties of	2 U.S.C.	§437g.

140M: 128: 5007

SUMMARY PAGE

of Receipts and Disbursements

Page 2

Write or Type Committee Name

FEC Form 3 (Revised 02/2003)

JAMES E. BRYAN FOR CO

Report Covering the Period:

From:

\$ 6



2014

To.







			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Co	ntributions (other than loans)		
	` '	tal Contributions ther than loans) (from Line 11(e))	,,,,,4,1,7,5,2	7,6,62.5,2
	. ,	tal Contribution Refunds om Line 20(d))	[
		et Contributions (other than loans) ubtract Line 6(b) from Line 6(a))	[,,4,1,7.5,2]	[,,
7.	Net Op	perating Expenditures		
		tal Operating Expenditures	[,,4_1,1.5,2]	1,3,22,0,4,3
		tal Offsets to Operating penditures (from Line 14)		
		et Operating Expenditures ubtract Line 7(b) from Line 7(a))	[, 4,1,7,5,a]	,/_ 3 , 3 , 2 , 8 .6.4.3
8.		on Hand at Close of ing Period (from Line 27)	1,2,4	
9.	the Co	and Obligations Owed TO mmittee (Itemize all on ule C and/or Schedule D)		·
10.	the Co	and Obligations Owed BY ommittee (Itemize all on ule C and/or Schedule D)		

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

Report Covering the Period: From: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than 103 - 128 - 5008 Political Committees 3,4,60,00 (i) Itemized (use Schedule A)...... (ii) Unitemized (iii) TOTAL of contributions from individuals (b) Political Party Committees..... Other Political Committees (such as PACs)..... (d) The Candidate TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the Candidate..... (b) All Other Loans..... (c) TOTAL LOANS (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING

DETAILED SUMMARY PAGE of Receipts

Page 3

FEC Form 3 (Revised 12/2003)

E. Bryan for Congress

Write or Type Committee Name

James

EXPENDITURES

15. OTHER RECEIPTS

16. TOTAL RECEIPTS (add Lines

(Refunds, Rebates, etc.)

(Dividends, Interest, etc.).....

11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)......

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3 (Revised 02/2003) **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 41752 3,2,2,0,4,3 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate..... (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees (b) Political Party Committees..... (c) Other Political Committees (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... 24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...... 25. SUBTOTAL (add Line 23 and Line 24)..... 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....

	ſ
1	ł
4	F
ā	
4	1
_	÷
n	i
U	ì
=	ı
100	Į
-	
•	
_	,
-	
1	
4	
31	
/	
100	
Ω.	
OI	
- (
-1	
i	
)	
, E.	
1 · 1	
Ų.	
1	
- 11	
盘	
1.)	
u	

SCHEDULE A (FEC Form 3)

Use separate schedule(s) for each category of the

FOR	LINE	NOWREK:	PAGE		LUFZ		
(check only one)							
X	11a	11b		11c		11d	
	12	13a		13b		14	15

T 	EMIZED RECEIPTS	Detailed Summary Page	11a 11b 11c 11d 12 13a 13b 14 15
	y information copied from such Reports and Statements make for commercial purposes, other than using the name and		person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
\angle	James E. Bryan for C	ongress	
	Full Name (Last, First, Middle Initial)	-	}
A.	Mailing Address		Date of Receipt
		·	0.7 28 2014
	City State	Zip Code	
٠	FEC ID number of contributing federal political committee.	5,5,5,2,0,1	Amount of Each Receipt this Period
	Name of Employer Occupation	n/a	<u> </u>
	Receipt For: Primary General Other (specify)	ycle-to-Date	
_	Full Name (Last, First, Middle Initial) Bettie Lehr		Date of Receipt
B.	Mailing Address 21 Japonica Lane City State	Zip Code (
	Shalimar FL	32579 - 1134	
	FEC ID number of contributing federal political committee.	0,5,5,5,2,6,1	Amount of Each Receipt this Period
	Name of Employer Occupation	etired	$\frac{1}{2} \left[\frac{1}{2} \left$
	Receipt For: Primary General Other (specify) Election C	ycle-to-Date	
	Full Name (Last, First, Middle Initial)		Dete of Receipt
C.	Mailing Address 481 Andrew Dr City State	Zip Code	Date of Receipt MMM / 28 / 2014
	Valoaraiso FL	32580	
	EEC ID number of contributing	85,55,2,6,1	Amount of Each Receipt this Period
	Name of Employer Occupation	retired	
	Receipt For: Election C	ycle-to-Date	·
	Primary General Other (specify)	<u>,</u> ,,,,,,3,6,∅,∅,∅	
[5	UBTOTAL of Receipts This Page (optional)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
١,	OTAL This Period (last page this line number only)		

1	-
4	1
Q	1
5	i
_	ĺ
5	
8	-
-	1
50	
Į	
1	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) (check only one)

for each category of the Detailed Summary Page

The proof of the Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 2

(check only one)

11a 11b 11c 11d

13b 14 15

15 not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Vanes E. Bryan for Congress					
A.	Full Name (Last, First, Middle Initial)	Cherck Lynch W Rd State Zip Code	Date of Receipt			
	FEC ID number of contributing federal political committee. Name of Employer Carrow Carrow General Other (specify)	COSSSQOI Occupation Petired Election Cycle-to-Date	Amount of Each Receipt this Period			
В.	Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt			
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period			
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date				
C.	Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt			
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period			
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date				
	SUBTOTAL of Receipts This Page (optional)		,,,/øøøø ,397øø			

1
*
4
O.
Ų.
\mathbf{Z}
-
-1
7
Ŧ.
2
5
ŏ
_
Ч
ā
U
1
ŧ
۷.

Primary

Other (specify)

General

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

ITEMIZED RECEIPTS

PAGE OF FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) for each category of the 11a 11c 11d **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Bryan for Congress ames Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address m Mess Zip Code State MA 8 MMer FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General 11446 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address / [DUD] / [YUYUYU City State Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing federal political committee. Amount of Each Receipt this Period Name of Employer Occupation Receipt For: Election Cycle-to-Date

1	١
4	ı
0	l
3	
-	
ļ	
<u>ረ</u> ፬ ነ	
Ģ.	
ς	
Õ	
1	
3	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the XI 17 19b 18 19a **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) JAMES E. BRYAN FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement JAMES State City Zip Code Amount of Each Disbursement this Period 3256 Purpose of Disbursement Cell Shone Candidate Name Category/ Bryan James Type Disbursement For: Office Sought: House Primary Senate General President Other (specify) State: FI District: Ø Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address State City Zip Code Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: Primary General Senate President Other (specify) District: (State: + Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City Zip Code State Amount of Each Disbursement this Period 32567 Purpose of Disbursement Candidate Name Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President State: District: SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1
솈
4
ani.
U
7
3
-
4
+
ኝ!
6
Q
O.
-
, -
5
ā'
Ų,
1
굨
4
- 4

B

SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: Use separate schedule(s) (chec

LINE NUMBER:			PAGE	ス (OF	3
k only one)						
X	17	18		19a		19t
	20a	20b		20c		21

IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	17 18 19a 19b 20a 20b 20c 21			
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)					
	James E. Bryan for (Longress				
	Full Name (Last, First, Middle Initial)	_	Date of Dicharasana			
A.	James E Bryan		Date of Disbursement			
	Mailing Address 8321 Stokes Rd		Ø7'22'2V14			
	City Laurel Hill FL	Zip Code 3み567	Amount of Each Disbursement this Period			
	Purpose of Disbursement		6,8,2,0			
	<u>aas</u>					
	Candidate Name	Category/				
	James E. Bryan Office Sought: X House Disbursement For	Туре				
	Office Sought: House Disbursement For Senate Primary	_				
	President Other (s	<u> </u>				
	State: FL District: Ø1	F 7				
	Full Name (Last, First, Middle Initial)					
В.		i	Date of Disbursement			
	James E. Bryan		(A) M) (B) (X,X,X,X)			
	Mailing Address		\psi_1 \psi_2 \q			
	City, State	Zip Code	· · · · · · · · · · · · · · · · · · ·			
	aural blill Fi	32567	Amount of Each Disbursement this Period			
	Purpose of Disbursement	32361	7754			
	- ans					
	Candidate Name	Category/				
	James E. Bryan	Туре				
	Office Sought: House Disbursement For					
	Senate Primary		•			
	State: FL District: Other (s	pecity)	•			
_	Full Name (Last, First, Middle Initial)					
_	1 dii 14ame (East, 1 iist, Middle iiitta)		Date of Disbursement			
C.	James E. Bryan					
	Mailing Address 8321 Stokes Rd		Ø7/ Ø3/ 2d14			
	City Laurel Hill FL	p Code 3 a 567	Amount of Each Disbursement this Period			
	Purpose of Disbursement		2940			
	aas					
	Candidate Name	Category/				
	James E. Bryan	Туре				
	Office Sought: House Disbursement For					
	Senate Primary President Other (s	General				
	State: FL District: O/	ipcony/				
Г	<u></u>					
۱,	SUBTOTAL of Disbursements This Page (optional)					
TODAL OF DISSURSEMENTS THIS Tage (optional).						
1,	OTAL This Period (last page this line number only)					

- [
1	
4	ì
ď.	1
U	ŀ
Z	
ب	
-	١
1	
₹	١
Z	1
ō	١
0	1
-	i
=	
١,	١
Õ	1
Ü	
1	
촢	
E	

B.

C.

City

City

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full)

Purpose of Disbursement 9as Candidate Name

Office Sought:

Mailing Address

cell

Office Sought:

Candidate Name

James

Purpose of Disbursement

Mes Mailing Address

Jaurel Purpose of Disbursement 905 Candidate Name

MOS

Office Sought:

Shone

Full Name (Last, First, Middle Initial)

House

District: Ø

House

Senate

President

Senate President

Mailing

City

Full Name (Last, First, Middle Initial)

State

State

FL

State

Disbursement For:

Primary

Other (specify)

Bruan

Bryan

House

Senate President

District: Full Name (Last, First, Middle Initial)

PAGE 3 OF 3 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 19b 17 18 19a Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Date of Disbursement Zip Code Amount of Each Disbursement this Period 32567 Category/ Type Disbursement For: Primary General Other (specify) Date of Disbursement Zip Code Amount of Each Disbursement this Period 32567 Category/ Type Disbursement For: Primary General Other (specify) Date of Disbursement Zip Code Amount of Each Disbursement this Period 32567 Category/ Type

State: FL District: 61	Cities (openly)	
SUBTOTAL of Disbursements This Page	(optional)	<u> </u>
TOTAL This Period (last page this line no	umber only)	L., 4.1.7

General

FEDERAL ELECTION COMMISSIONS/
999 E STREET NW
WASHINGTON, DC 20463

140% - 128 - 5016

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

PREPARER (8/2013)